



SuperSIM

CLINICAL SUPERVISION
TRAINING USING SIMULATION

TEA ROOM GOSSIP



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA

DEPARTMENT OF
RURAL HEALTH



HETI
HEALTH EDUCATION &
TRAINING INSTITUTE



Hunter and Coast
ICTN
Interdisciplinary Clinical
Training Network

Uⁿe
University of
New England

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TEA ROOM GOSSIP

This learning material is based on **DOMAINS 1 & 2** of the [National Clinical Supervision Competency Resource](#) (HWA 2014), which is inconclusive of the following competency elements:

Prepare and Plan

- **Clarification of roles and supervisory relationship**

Safety

- **Ethical, professional and legal standards**



LEARNING OBJECTIVES

While completing this module, please reflect on the following learning objectives:

- Building respectful and inclusive clinical supervision environments
- Maintaining appropriate personal and professional boundaries
- Undertaking supervision with awareness of relevant professional and ethical standards
- Maintaining confidentiality with learners, patients and others to ensure the well-being of all parties

SIMULATION VIDEO

To view the **simulation video** simply left click on the link shown in the box on the right.

If it fails to open, right click and **'Open Hyperlink'**.

The video will open in a new window.

Enter the access password and hit the play button .



Access password = SuperSIM15

REFLECTIVE QUESTION 1

Reflect on the unique aspects of rural clinical practice that have the potential to compromise safety in terms of confidentiality.

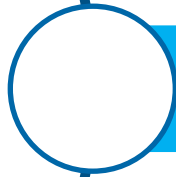


REFLECTIVE QUESTION 1

Suggested response:



Smaller populations in rural and remote settings mean that there is a greater chance that clinical staff members will know their patients personally.



Lack of confidentiality has the potential to impact on health consumers as well as on practitioners because there is less anonymity and a faster flow of information in rural communities.



Confidentiality has been identified as one of the 5 key concepts of rural health practice. *

* [Bourke L, et al. Developing a conceptual understanding of rural health practice. *Aust J Rural Health* 2004; 12:181-186.]

REFLECTIVE QUESTION 2

While it is unfortunate in this scenario that the patient being gossiped about was the student's aunty, how could the clinicians have better modelled appropriate professional behaviour to the student?



REFLECTIVE QUESTION 2

Suggested response:

- Ideally, not to have discussed the patient at all.
- If the subject of the patient and their clinical or social condition entered the tea room conversation, professionals must be conscious not to say anything that may be construed as derogatory or defamatory.
- If colleagues' conversation started to become derogatory or defamatory or reflects negatively on a patient, a professional person would call a stop to it immediately. In this scenario this was left up to the student, but by then it was too late.
- An apology should have been offered immediately to mitigate the harm.

REFLECTIVE QUESTION 3



In legal terms what do you understand is meant by the term 'defamation'?

REFLECTIVE QUESTION 3

Suggested response:

Defamation: Making of false, derogatory statement(s) in private or public about a person's business practices, character, financial status, morals or reputation.

Oral defamation is a **slander** whereas printed or published defamation is a **libel**.

For further information:

<http://www.businessdictionary.com/definition/defamation.html>

REFLECTIVE QUESTION 4

Consider the meaning of the word 'professionalism' and its connotations.

How might you role model professionalism for your students?



REFLECTIVE QUESTION 4

Suggested response:

PROFESSIONAL is one of the seven characteristics included in the CanMEDS framework (see below).

In summary, it refers to:

- delivering the highest quality care with integrity, honesty and compassion.
- exhibiting appropriate personal and interpersonal behaviours to patients, members of the public and other members of the health care team.
- practicing ethically and respectfully, consistent with obligations and expectations of the society in which we practice.

For more information about CanMEDS see the link on the next page.

ADDITIONAL RESOURCES

The following resources may be of help in further developing your understanding of **Preparing and Planning and Safety** in Clinical Supervision:

- *CanMEDS Framework*, Royal Canadian College of Physicians and Surgeons
<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>
- Erikson JI, Millar S. Caring for Patients While Respecting Their Privacy: Renewing Our Commitment. *Medscape Multispecialty*
http://www.medscape.com/viewarticle/506840_4
- Australian Medical Association (AMA), *AMA Code of Ethics – 2004*.
Editorially revised 2006
<https://ama.com.au/codeofethics>

CONGRATULATIONS

You have now completed the learning material in SuperSIM related to:

Prepare and Plan

- **Clarification of roles and supervisory relationship**

Safety

- **Ethical, professional and legal standards**

You may now wish to move onto another unit of learning.

